

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

17473
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		3				
5		3				
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13						
14						
15						
16						
17						
18						
19						
20						
21						
22		3				
23	1					
24	1					
25	1					
26						
27						
28						
29						
30						
31	1					
32	1					
33	3					
34	3					
35	1					
36	1					
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47						
48						
49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	14	←	←	←	←	←
TOTAL CLAIMS	50					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						